



Attorney's Docket No.: 42P15685

Patent

First Named Inventor: Scott A. Hareland et al.

Check One:

☐ Declaration Submitted with  
Initial Filing OR  
☒ Declaration Submitted After  
Initial Filing (Surcharge under  
37 C.F.R. § 1.16(e) Required).

Complete If Known:

Application No.: 10/607,769  
Filing Date: June 27, 2003  
Art Unit: Unknown  
Examiner Name: Unknown

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

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I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

NONPLANAR SEMICONDUCTOR DEVICE WITH PARTIALLY OR FULLY WRAPPED  
AROUND GATE ELECTRODE AND METHODS OF FABRICATION

the specification of which

☐ is attached hereto.  
☒ was filed on (MM/DD/YYYY) June 27, 2003 as  
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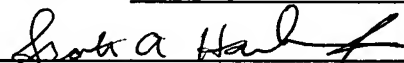
**Direct all correspondence to (check one):**

  X   Correspondence Address Below:

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**(Name of Attorney or Agent)**  
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## APPENDIX A

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed:

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I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

**Direct all correspondence to (check one):**

\_\_\_\_ Customer Number or Bar Code Label \_\_\_\_\_ OR \_\_\_\_\_

X Correspondence Address Below:

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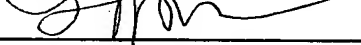
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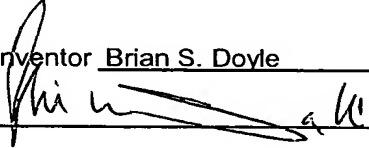
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## APPENDIX A

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